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PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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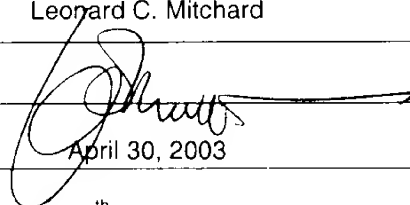
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Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/880,821		June 15, 2001
<div>RECEIVED</div> <div>MAY 02 2003</div> <div>TECH CENTER 1600 2900</div>			

Typed or Printed Name	Leonard C. Mitchard	(check one)  <input type="checkbox"/> Applicant or Patentee  <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)  <input checked="" type="checkbox"/> Attorney or Agent of record  29,009 (Reg. No.)
Signature		
Date	April 30, 2003	
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 forms are submitted.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 1208-49

C# M#

EAGLES et al

Group Art Unit: 1635

Serial No. 09/880,821

Examiner: Jane J. Zara

Filed: June 15, 2001

Date: April 30, 2003

Title: RIBOZYMAL NUCLEIC ACID

Assistant Commissioner for Patents  
Washington, DC 20231

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Sir:

**RESPONSE**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☒ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment **18** minus highest number  
previously paid for **20** (at least 20) = 0 x \$ 18.00 \$ 0.00

Independent claims after amendment **3** minus highest number  
previously paid for **3** (at least 3) = 0 x \$ 84.00 \$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this  
paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months) \$ 930.00

Terminal disclaimer enclosed, add \$ 110.00 \$ 0.00

☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00) \$ 0.00

☐ Please enter the previously unentered, filed

☐ Submission attached

**Subtotal \$ 930.00**

If "small entity," then enter half (1/2) of subtotal and subtract -\$ 0.00

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00) \$ 0.00

Assignment Recording Fee (\$40.00) \$ 0.00

Other: 0.00

**TOTAL FEE ENCLOSED \$ 930.00**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.  
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: 